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NOV 2.5 Approved for use through 06/30/2010. OMB 0651-0032
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete If Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/534,186 FEE TRANSMITTAL Filing Date May 6, 2005 For FY 2009 First Named Inventor Mats Leijon **Examiner Name** Karl I. Tamai Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2834 TOTAL AMOUNT OF PAYMENT (\$)405.00 Attorney Docket No. 37399-400300 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 19-1351 Deposit Account Name: Seyfarth Shaw LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) <u>Fee (\$)</u> Fees Paid (\$) Utility 330 165 540 270 220 110 220 50 Design 110 100 140 70 Plant 220 110 330 165 170 25 Reissue 330 165 540 270 650 325 **Provisional** 220 110 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 **Total Claims Multiple Dependent Claims** Fee (\$) Fees Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fees Paid (\$) -3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) - 100 = /50= (round up to a whole number) 4. OTHER FEE(S) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY		<u> </u>	<u> </u>	ı		
Signature	7	mel	- H		Registration No. 53,019 (Attorney/Agent)	Telephone 312-460-5000
Name (Print/T	vbe) Inser	h H He	man			Date November 25, 2009

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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